2-4-04 NEW 04-19495

TOWN OF DAVIE 6591 S.W. 45 STREET DAVIE, FLORIDA 33314 (954)797-1112 TC. 2-18-04 doedling 2-5

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

Council approval Required Yes No Zoning Approval Date Date	APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION
BUSINESS MAILING ADDRESS: BUSINESS PHONE: (954) 347-1/38	BUSINESS NAME: South First Control Systems, Inc
BUSINESS MAILING ADDRESS: BUSINESS PHONE: (954) 347-1/38	BUSINESS STREET ADDRESS: 13711 SW 29 START ZIP 33330
DESCRIBE TYPE OF BUSINESS: Corporation	BUSINESS MAILING ADDRESS: SAME AS PABOVE ZIP
BUSINESS IS: Corporation Sole Proprietor Partnership Owner/Officer (s) Home Address City/Zip Phone# 1. Youbent Vencan N (President) SW 29 St. Travic, 333 p. (954) 387-6009 2. Federal ID Number or Social Security Number 1 1	
Owner/Officer (s) Home Address City/Zip Phone# 1. You bent Vengan N (President) SW 29 St. 2 Moic, 333 pt (954) 382-6009 2. Federal ID Number or Social Security Number 1. I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30. 202, and must be renewed before October 1st. This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted. Youbent Vengan (President) Fee Exempt per Sec. 13-13 Print Owner or Officers Name and Title Signature of Owner or Officer Fee Exempt per Sec. 13-13 Fee Exempt per Sec. 13-13 Council approval Required Yes No Zoning Approval Date Byll Off Town Council Date Approved Denied Tabled To Approved Denied Tabled To Approved Denied Tabled To Approved Denied	DESCRIBE TYPE OF BUSINESS: TE-CHNICAL/ENGINEERING CONSULTANT MINE
Federal ID Number or Social Security Number	BUSINESS IS: Corporation Sole Proprietor Partnership
Federal ID Number or Social Security Number	Owner/Officer (s) Home Address City/Zip Phone#
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TOOUTATIONAL LICENSE DEPARTMENT APPHOVAL THIRATE PAPER	OCCUPATIONAL LICENSE DEPARTMENT APPROVAL Paradise families

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

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